

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
101544146	
APPLICANT/	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
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48															97
49															98
50															99
TOTAL IND.															100
TOTAL DEP.															
TOTAL CLAIMS															

BEST AVAILABLE COPY